PTO/SB/02

Under the Prostiverk Reduction Art of 1985, no perions are requi-	ed to	U.S. Pr	itent er	Approved for use to ad Tredemark Office; U I Information unless it o	LS. DE	h 09/50/2010.	OF COMMERCE
DECLARATION Supplemental Sheet. For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or incapacitated inventor							
Enter Deceased or Incapacitated Inventor's Name Tor H. Petterson Page 1 of 1							
Name of Legal Representative: A petition has been filed for this non-signing legal representative							
Given Name (first and middle (f any))	Family Nan	Family Name or Sumame					
Grace C.	Pettersor	Petterson					
Legial Representative's good Dawn Delta 3/4/11							4/11
Residence: City San Pedro	State	, CA	Cou	ntry US	ÇIL	izenship	US
Mailing Address 1294 West 6th Street							
Mailing Address Suite 102							
City San Pedro	State C/	4	Zip 90731	$\perp$	Country	US	
Name of Additional Legal Representative, If any:							
Given Name (first and middle (if any))		Family Name or Surname					
Legal Rapresentatives Signature Date							
Residence: City Stat		e		Country			itizenship
Mailing Address							
Mailing Address							
City State		В		Zip		Country	
Name of Additional Legal Representative, if any: A polition has been filed for this non-signing legal representative							
Given Nume (first and middle (if any))		Family Name or Surname					
Legal Representative's		Deste					

This selection of information is required by 30 Lis. 0, 117 and 37 CPR 1.42, 1.43, 1.63 and 1.6(b). The information is required to obtain or region about 10 years of the control of the c

State

Country

If you need exelstance in completing the form, call 1-500-PTO-9199 (1-800-766-9199) and select option 2.

Chizonship

Residence: City